



WHAT IS THE PPQCMS SYSTEM?

The Primary Prevention Quality Care Monitoring System (PPQCMS) is a simple electronic tool to track and manage individuals with multiple cardiovascular risk factors, metabolic syndrome and/or pre-diabetes. The PPQCMS allows office-based practices to incorporate referrals to local community programs. It is designed to be the “sister” program to the Diabetes Quality Care Management System (DQCMS); a simple tracking software widely used in Montana.

Individual patient profiles can be generated to display progress and reinforce treatment and lifestyle goals.

The software is available free of charge

PPQCMS Goal:

To provide an **office based** tool to assist busy clinicians in assessing practice patterns for reducing risk for multiple cardiovascular and diabetes risk factors.



PPQCMS uses the same principles as DQCMS

Simple

Action-oriented

Easy to maintain

No direct cost to offices working with MT DPHHS

Pre-programmed reports to evaluate your outcomes

Adaptable to practice in your community

*More can be accomplished
by working together!*



Supporting continuous, high quality preventive care!

A Simple Demographic Screen

Primary Prevention Quality Care Management System (PPQCMSv1.1.1)

File Current Reports Maintenance Utilities Window Help

Patient: BEETHOVEN, MARCI Medical Rec #: 345 Sex: F Age: 41 Physician: SIMPSON, HOMER

Risk Factors

☒ BMI >= 30 ☐ IFG

Most Recent Date: 11/09/05 Test Result: 158

Office Visit: 11/09/05 Weight: 225 lb Height: 11/09/05 BP: 11/09/05

SSBR Program: Wt Support (Indv): Wt Support (Grp): 11/09/05 Exerc Support (Indv): 11/09/05 Exerc Support (Grp): 11/09/05 Preventive Meds: 11/09/05 Pedometer Use: 11/09/05 Lifestyle Tracking: 11/09/05

Patient Demographics

First Office Visit Date: 01/30/06

Last Name: BEETHOVEN First Name: MARCI MI: Gender: Female

Address: 456 DEAL LANE City: HELENA State/Province: MONTANA Zip: 59602

Telephone: (406) 990-8798 Race: Asian Pacific Islander: Status: Active

Medical Record #: 345 SSN: 890-76-2345 Physician: SIMPSON, HOMER Payor: BLUECROSS AND BLUESHIELD

Date of Birth: 3/4/1965 Date of Death:

Save and Close Cancel and Close

* Last Name, First Name, Date of Birth, SSN or Medical Record Number are required.

Last name of patient: FLTR NUM

A Single Data Entry Screen for Clinical Parameters

Primary Prevention Quality Care Management System (PPQCMSv1.1.1)

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Patient: BEETHOVEN, MARCI Medical Rec #: 345 Sex: F Age: 41 Physician: SIMPSON, HOMER

Risk Factors

☒ BMI >= 30 ☐ IFG ☐ HTN ☒ Lipid Abnormality ☒ Metabolic Syndrome ☐ Hx GDM/Baby > 9 lbs?

Clinical/Lab Measures

Most Recent Date: 11/09/05 Test Result: 158

Office Visit: 11/09/05 Weight: 225 lb kg: 60 in: 80 mmHg

Lipid Panel: 11/09/05 HDL: 20 LDL: 180 TG: 300 Total: 250 mg/dl

Fasting Blood Gluc: 11/09/05 140 mg/dl Tobacco Use: 11/09/05 Current: No Intervention:

Programs/Tracking

Most Recent Rx/Reviewed Date: 11/09/05 Status: Current

SSBR Program: Wt Support (Indv): Wt Support (Grp): 11/09/05 Current: Exerc Support (Indv): 11/09/05 Current: Exerc Support (Grp): 11/09/05 Current: Preventive Meds: 11/09/05 Pedometer Use: 11/09/05 Current: Lifestyle Tracking: 11/09/05 Current:

Other Program 1: Other Program 2: Other Tracking:

Goals

Most Recent Rx/Reviewed Date: 11/09/05 Previous Goal Achieved: 10 lbs Current Goal: 10 lbs

Weight: 11/09/05 PA: 11/09/05 4 x/wk Fat Gram: 11/09/05 gms/day Calorie: 11/09/05 1200 cals/day Other:

Comments Demographics Print IPP Save and Refresh Cancel Changes Exit

Your comments and reminders for the next visit will appear on the Individual Patient Profile

Press F1 for today's date; + or - to increase or decrease by one date

FLTR NUM

You define programs/referrals available in your community – Health Clubs, Community programs

Patient Practice Profile reflects practice patterns and progress in this population

Date Generated: 08/17/06		Population Practice Profile*		PPQCMSv1.1.1	
		LIZ CLINIC			
Number of patients with office visits in the last year: 4		Total active patient population: 4			
		OV Past Year		All Patients	
Risk Profile		%	#	%	#
Patients with BMI \geq 30		100.0	(4/4)	100.0	(4/4)
Patients with abnormal lipids		100.0	(4/4)	100.0	(4/4)
Patients with IFG		0.0	(0/4)	0.0	(0/4)
Patients with metabolic syndrome		75.0	(3/4)	75.0	(3/4)
Women with adverse obstetrical history		50.0	(1/2)	150.0	(1/2)
Prevention Processes					
Of patients with \geq 2 office visit(s) in the last year, the percent currently in SSBR		0.0	(0/0)	0.0	(0/0)
Of patients with \geq 2 office visit(s) in the last year, the percent currently in Lifestyle Tracking		0.0	(0/0)	0.0	(0/0)
Patients on Insulin Sensitizers		50.0	(2/4)	50.0	(2/4)
Of patients currently smoking / using tobacco, the percent receiving cessation intervention in the last year.		100.0	(2/2)	100.0	(2/2)
Of patients currently smoking/using tobacco, the percent currently participating in/using		0.0	(0/2)	0.0	(0/2)
Individual Outcomes					
Body Weight					
Of patients with \geq 2 office visit(s) in the last year, the percent losing \geq 5 % of body weight since baseline		0.0	(0/0)	0.0	(0/0)
Glucose Tolerance					
Patients with FBS test in the last year		100.0	(4/4)	100.0	(4/4)
Of patients with FBS test in the last year, the percent whose most recent FBS < 100		0.0	(0/4)	0.0	(0/4)
Of patients with FBS test in the last year, the percent whose most recent FBS > 126		100.0	(4/4)	100.0	(4/4)
Lipid Abnormality					
Patients with a lipid profile in the last year		100.0	(4/4)	100.0	(4/4)
Of patients with HDL in the last year, the percent whose most recent HDL > 40		0.0	(0/4)	0.0	(0/4)
Of patients with Triglyceride in the last year, the percent whose most recent Triglyceride < 150		0.0	(0/4)	0.0	(0/4)
Of patients with LDL in the last year, the percent whose most recent LDL < 130		0.0	(0/4)	0.0	(0/4)
Hypertension					
Of patients with \geq 1 office visit(s) in the last year, the percent whose most recent syst < 130 and dias < 85		0.0	(0/4)	0.0	(0/4)
Program Outcome					
Of patients currently in SSBR, the percent who have lost \geq 5% of body weight since baseline		0.0	(0/0)	0.0	(0/0)
Patients who have achieved \geq 2 goals in the last 12 months		0.0	(0/4)	0.0	(0/4)

* Includes only patients \geq 18 years of age.

Individual Patient Profile reflects clinical progress and is used to update record

Primary PREVENTION Quality Care Monitoring System v1.1.1										
Most Recent Office Visit: 11/09/05			LIZ CLINIC			Date Generated: 08/09/06				
Patient: BEETHOVEN, MARCI		DOB: 3/4/1965		Primary Physician: SIMPSON, HOMER						
Medical Record #: 345		Age: 41 Years		Height: 60 inches		Office Visit Date:				
Risk Factors										
<input checked="" type="checkbox"/> BMI >= 30 <input type="checkbox"/> IFG <input type="checkbox"/> HTN <input checked="" type="checkbox"/> Lipid Abnormality <input checked="" type="checkbox"/> Metabolic Syndrome Hx of GDM / Baby > 9 lbs? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Clinical/Laboratory										
					Previous Dates and Results		Clinical Update			
Weight (lb)		(BMI)		()		11/09/05				
						225 (43.9)		(lb) (kg)		
Blood Pressure (mmHg)						11/09/05				
						158 / 80				
Lipid Panel						11/09/05				
HDL						20				
LDL						180				
Triglyceride						300				
Total						250				
Fasting Blood Sugar (mg/dl)						11/09/05				
						140				
Preventive Medications					Smoking/Tobacco		Status		Smoking/Tobacco Update	
<input type="checkbox"/> ASA/Anti-Platelet <input checked="" type="checkbox"/> Lipid Lowering <input checked="" type="checkbox"/> ACE/ARB <input type="checkbox"/> Weight Loss Rx <input checked="" type="checkbox"/> Insulin Sensitizers					Smoker/Tobacco User		Intervention		Smoker/Tobacco User Intervention	
					11/09/05 No		Unknown		Yes No Yes No	
Programs/Tracking			Update (check one)		Goals			Goals Update		
Last Rx/Review Date Status			Current Dropped		Last Rx/Review Date Goal			Achieved Continue Goal New Goal		
SSBR Program			<input type="checkbox"/> <input type="checkbox"/>		Weight Goal 11/09/05 10 lbs			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>		
Weight Support Individual			<input type="checkbox"/> <input type="checkbox"/>		PA Goal 11/09/05 4 x / wk			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>		
Group 11/09/05 Current			<input type="checkbox"/> <input type="checkbox"/>		Fat Gram Goal gms / day			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>		
ExerciseSupport Individual			<input type="checkbox"/> <input type="checkbox"/>		Calorie Goal 11/09/05 1200 cal / day			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>		
Group 11/09/05 Current			<input type="checkbox"/> <input type="checkbox"/>		Other Goal			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>		
Pedometer Use 11/09/05 Current			<input type="checkbox"/> <input type="checkbox"/>							
Lifestyle Tracking 11/09/05 Current			<input type="checkbox"/> <input type="checkbox"/>							
Other Program #1			<input type="checkbox"/> <input type="checkbox"/>							
Other Program #2			<input type="checkbox"/> <input type="checkbox"/>							
Other Tracking			<input type="checkbox"/> <input type="checkbox"/>							
Other Comments										

For more information about PPQCMS
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